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PATENT
Attorney Docket No.: 021044-000600US
Client Ref. No.:
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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

On

TOWNSEND and TOWNSEND and CREW LLP

By

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

MASUDA et al.

Application No.: 09/998,667

Filed: December 3, 2001

For: TRAC1: MODULATORS OF
LYMPHOCYTE ACTIVATION

Examiner: Gibbs, Terra C.

Technology Center/Art Unit: 1635

**RESPONSE TO RESTRICTION
REQUIREMENT**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Restriction Requirement mailed June 26, 2003, please enter the following remarks. A petition to extend the time for response for one month, from July 26, 2003 to August 26, 2003, is submitted herewith.

The listing of claims begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.



1653

PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/998,667	
	Filing Date	December 3, 2001	
	First Named Inventor	Masuda, Esteban	
	Art Unit	1653	
	Examiner Name	Gibbs, Terra C.	
Total Number of Pages in This Submission	9	Attorney Docket Number	021044-000600US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below)</i> Return Postcard; Petition for One Month Ext. Time SB/22 with fee auth. to Dep. Acct. 20-1430 (1 pg., 2 copies); Response to Restriction Requirement (6 pgs.).
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	Townsend and Townsend and Crew LLP Annette S. Parent Reg. No. 42,058
Signature	<i>Annette S. Parent</i>
Date	08/20/2003

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Signature	<i>Dana Kane</i>	Date	08/20/2003

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